



10th Annual Continental Breakfast With Santa

*You better watch out! You better not cry. You better not pout.
I'm telling you why -- SANTA CLAUS is coming to Alameda!*



Join Santa and his helpers for
a variety of breakfast treats

Each person will get a
gingerbread man cookie
to decorate!

**Happy
Holidays!**



**PARENTS/
GUARDIANS:**
All children
MUST be
accompanied
and supervised
by an adult at
all times



SATURDAY, DECEMBER 10, 2011
10:00 A.M. TO 12:00 NOON
ALBERT H. DEWITT O'CLUB
641 West Redline Ave
Alameda Point

All family members attending MUST pre-register
Space is limited to the first 200 people

WALK UP REGISTRATIONS
WILL NOT BE ACCEPTED AT THE DOOR

COST PER PERSON:
\$10 for those ages 13 years and up
\$5 for those ages 2 to 12 years
FREE for children under 2 years
NO REFUNDS OR CREDITS ISSUED

SPACES LIMITED! PRE-REGISTRATION REQUIRED DEADLINE - THURSDAY, NOVEMBER 17, 2011

- You may register in person or mail completed form and payment to:
Alameda Recreation and Park Department, 2226 Santa Clara Ave, Alameda 94501
- Phone registrations accepted with MasterCard or VISA only by calling (510) 747-7529 on Monday through Thursday, 8:00 a.m. to 6:00 p.m. (CLOSED ON FRIDAYS)
- Fax your completed form along with your current MasterCard or VISA to (510) 523-4071
- Save time and register online at: www.arpdeplay.com

Please complete and return form with payment (cash, check made payable to ARPD, MasterCard or VISA) no later than **THURSDAY, NOVEMBER 17, 2011** to the Alameda Recreation and Park Department, 2226 Santa Clara Ave, Alameda 94501. FAX registrations accepted with VISA/MasterCard: (510) 523-4071. **SAVE YOUR RECEIPTS! THERE IS A \$5 SERVICE CHARGE PER RECEIPT TO REPRINT RECEIPTS. ARPD reserves the right to cancel programs due to low enrollment. Alternate programs may not be available.**

PARTICIPANT'S NAME		COMPLETE IF UNDER 18 YEARS			GENDER	PROGRAM/CLASS NAME	FEE	CLASS #
LAST	FIRST	GRADE	AGE	BIRTHDATE	(circle one)			
					M / F	BREAKFAST WITH SANTA		10474
					M / F	BREAKFAST WITH SANTA		10474
					M / F	BREAKFAST WITH SANTA		10474
RECREATION SCHOLARSHIP FUND DONATION - Write In Donation Amount - Thank You!								
TOTAL								

MAIN CONTACT NAME _____

ADDRESS _____ CITY _____ ZIP CODE _____

HOME PHONE () _____ WORK PHONE () _____ CELL PHONE () _____

E-MAIL ADDRESS (Required for Online Registration - www.arpdeplay.com) _____

PLEASE LIST ANY SPECIAL HEALTH NEEDS/FOOD ALLERGIES ANYONE IN YOUR PARTY MAY HAVE:

<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> VISA	CARD NUMBER _____	EXP DATE _____
<input type="checkbox"/> CASH	<input type="checkbox"/> CHECK	CARDHOLDER NAME _____	

- THE UNDERSIGNED HEREBY RELEASES, WAIVES AND DISCHARGES THE CITY OF ALAMEDA, its directors, officers, employees, agents, and independent contractors from all liability to the undersigned and/or his/her personal representatives, assignees, heirs, and next of kin for any loss or damage and any claim or demands accruing or resulting from injury to the person or property or death of the undersigned, whether or not caused by the negligence and/or property of the City of Alameda, its directors, officers, employees, agents, and independent contractors.
 - THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, whether or not it is due to the negligence of the City of Alameda, its directors, officers, employees, agents, and independent contractors or otherwise while in, upon or about the premises of the City of Alameda and/or while using the premises or facilities or equipment or program transportation thereon.
 - THE UNDERSIGNED HEREBY PERMITS the taking of photographs of themselves and/or the participant(s) by the City of Alameda during recreation classes or activities to be used at the City's discretion.
- THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement has been made.

SIGNATURE (Parent/Guardian if under 18) _____ DATE _____